APPLICATION FOR SPECIAL EVENT DRIVER'S PERMIT

Please fill in all sections of this form. Your completed form can be mailed back to City of Memphis Permit's Office at 201 Poplar Ave. 1-11A, Memphis, Tennessee 38103, if you live outside the Tri-State Area (Tennessee, Mississippi, Arkansas) otherwise please return completed application to this office. Office hours are Monday - Friday 8:00 a.m. to 3:00 p.m.****PLEASE FILL-IN ALL BLANKS****

(PRINT OR TY	PE)
Date of Application:	
SECTION 1- APPLICANT INFORMATION	
Name:	
Date Of Birth:	SSN:
Home Address:	
	(City, St., Zip Code)
Phone No.: ()	
Have you been convicted of a felonyNo Yes (if yes explain) Year	
SECTION 2 - DRIVER LICENSE INFORMATI	
(Please send copy of D Class:	river License)
Endorsement: Commercial \square CDL \square	F □ Other □
Driver License #:	
State of Issue:	
Expiration Date:	
<u> </u>	
Pursuant to Federal Guidelines conce	
confidentiality I,	
authorize the City of Memphis, Licen	se/Permit Section, to release
my criminal records to the City Trea	surer, or his designated
representative. Said records will b	e used in the investigation
of my application for a Driver's Per	mit pursuant to Memphis City
Code, Section 39.27	
(Signature)	(Date)

This application is not guarantee of approval.